

APPENDIX “B”

- ! BAM Paid Claims Claimant
Questionnaire
- ! Denials Monetary Claimant
Questionnaire
- ! Denials Separations Claimant
Questionnaire
- ! Denials Nonseparations Claimant
Questionnaire

**UNEMPLOYMENT INSURANCE: BENEFITS ACCURACY MEASUREMENT
CLAIMANT QUESTIONNAIRE**

Batch # _____

Please answer the following questions as accurately as possible. If you do not know the answer, leave it blank. The interviewer will discuss it with you later. If you need help, please ask. Please print clearly. Your answers will be used to determine if your unemployment insurance benefits were paid properly. This information will be verified.

<p>1. Name (First, Middle, Last)</p> <hr/> <p>2. If you are also known by another name, enter it here: (First, Middle, Last)</p> <hr/> <p>3. Social Security Number</p> <hr/> <p>4. Street Address Apt Number</p> <p>City State Zip</p> <hr/> <p>5. Mailing Address (if different)</p> <hr/> <p>6. If you have moved since you first filed for unemployment benefits on _____, enter your address when you first filed:</p> <hr/> <p>7. Telephone Number (include area code)</p> <hr/> <p>8. Date of Birth (MO-DAY-YEAR)</p> <hr/> <p>9. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <hr/> <p>10. Ethnic Group - Indicate by selecting one of the following: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Ethnicity Unknown</p>	<p>11. Race - Indicate by selecting one or more of the following: <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Race Unknown</p> <hr/> <p>12. US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Registration # _____</p> <hr/> <p>13. Highest level of education completed (circle one) Grade School - 0 1 2 3 4 5 6 7 8 High School - 9 10 11 12 Some College Associate Degree BA/BS Graduate School</p> <p>Major Field of Study: _____</p> <hr/> <p>14. Have you had Vocational or Technical School training? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Certificate _____</p> <hr/> <p>15. Circle the days of the week you usually work. SUN MON TUES WED THURS FRI SAT</p> <hr/> <p>16. Circle the days of the week you are willing and able to work. SUN MON TUES WED THURS FRI SAT</p> <hr/> <p>17. What hours or shifts do you usually work?</p> <hr/> <p>18. What hours are you willing and able to work on a job? FROM _____ am TO _____ pm OR FROM _____ pm TO _____ am</p> <hr/> <p>19. Which shifts are you willing and able to work on a job? (Check all that apply) <input type="checkbox"/> 1ST Shift - Day <input type="checkbox"/> 2ND Shift - Swing <input type="checkbox"/> 3RD Shift - Night <input type="checkbox"/> Other Shift - Including Rotation</p>
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20. What are your main job duties at your usual work?	23. Do you expect to be called back to work by any past employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , have you received a recall notice? <input type="checkbox"/> Yes <input type="checkbox"/> No – when did you receive it? _____ – when do you report back to work? _____ Name & Address of employer: _____
21. What is your normal wage for the work you usually do? \$ _____ per _____ (hour, week, etc.)	
22. What is the lowest rate of pay you will accept for a job? \$ _____ per _____ (hour, week, etc.)	

WORK SEARCH

The next group of questions ask about your efforts to find work. Some of these questions will refer to a specific week, called “**THE WEEK**”. “**THE WEEK**” is the week that began on _____ and ended on _____.
Please keep these dates in mind when answering the questions about “**THE WEEK**”.

24. How many miles are you willing to travel one-way daily to a job? _____ miles	31. During THE WEEK , did the Job Service refer you to any jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No
25. How many minutes are you willing to travel one-way daily to a job? _____ minutes	32. What were the results of these referrals?
26. Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	33. Have you registered with a private employment agency since you first filed for unemployment benefits on _____? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when did you register with the agency? _____/_____/_____ Month Day Year Name of agency: _____ Address: _____ Street _____/_____/_____ City State Zip Agency phone number: _____ During THE WEEK , did the agency refer you to any jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, to how many jobs were you referred? _____ What were the results of these referrals?
27. By what means do you normally travel to look for work? (Check all that apply) <input type="checkbox"/> personally owned vehicle <input type="checkbox"/> borrow a vehicle <input type="checkbox"/> ride with friends or relatives <input type="checkbox"/> public transportation <input type="checkbox"/> other (specify) _____	
28. Would a job have to last a certain period of time before you would accept it? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain _____ _____	
29. What is the type of work you are looking for? a. _____ b. _____ What is the length and type of experience you have in this occupation? a. _____ b. _____	
30. Have you registered with the Job Service to find work since you first filed for unemployment benefits on _____? <input type="checkbox"/> Yes <input type="checkbox"/> No	

"THE WEEK" is the week that began on _____ and ended on _____.

34. During **THE WEEK**, were you an active member of a union?

☐ Yes ☐ No

If Yes, complete the following:

a. Union name:

b. Local number:

c. Address:

Street

City / State / Zip

Phone number: _____

d. Is your union a local hiring hall? ☐ Yes ☐ No

e. Whom do you contact at the local?

Name: _____

f. Do you get work **ONLY** through the union?

☐ Yes ☐ No

g. Will you accept a non-union job? ☐ Yes ☐ No

h. During **THE WEEK**, were you eligible to be referred to jobs by the union?

☐ Yes ☐ No

If No, explain: _____

i. During **THE WEEK**, were you on the out-of-work list?

☐ Yes ☐ No

If Yes, when was the last time you signed the list?

Month / Day / Year

If No, explain: _____

j. During **THE WEEK**, how many jobs were you referred to by the union?

l. What were the results of these referrals?

35. During **THE WEEK**, were you attending school or enrolled in a training program?

☐ Yes ☐ No

If Yes, complete the following:

a. Name of school or training program:

b. Address:

Street

City / State / Zip

Phone number: _____

c. Is the schooling or training related either to the type of work you usually do or the type of work you are seeking?

☐ Yes ☐ No

36. During **THE WEEK**, did you have any health problem, handicap or disability that limited your ability to do your usual work or to look for work?

☐ Yes ☐ No

If Yes, explain:

37. During **THE WEEK**, did you have any dependent(s) or other person(s) for whom you provided care during your normal working hours?

☐ Yes ☐ No

If No, go to question 38.

If Yes, was there some other person or place available to provide care?

☐ Yes ☐ No

If Yes, complete the following about the care provider:

Name

Street Address

City / State / Zip
Phone number: _____

38. During **THE WEEK**, was there any day(s) that you were **NOT** available for work?

☐ Yes ☐ No

If Yes, list the day(s) and reason(s) you were **NOT** available:

"THE WEEK" is the week that began on _____ and ended on _____.

39. During **THE WEEK**, was there any reason that you could **NOT** accept full-time work?

☐ Yes ☐ No

If Yes, explain:

40. During **THE WEEK**, were you an officer of a corporation, union, or other organization?

☐ Yes ☐ No

If Yes, give name of organization and office held.

41. During **THE WEEK**, did you need any special licenses or certificates to do the type of work you are seeking?

☐ Yes ☐ No

If Yes, did you have the license or certificate needed?

☐ Yes ☐ No

What kind of license or certificate is it?

When does it expire? _____/_____/_____
Month Day Year

WORK SEARCH CONTACTS

Complete the following information for the job contacts you made during **THE WEEK**. If you had more than three job contacts, the interviewer will give you another worksheet. List all job contacts you made during **THE WEEK**, including those with unions, private employment agencies, and the State Job Service.

1. Employer Name:	Contact Date:	Method of Contact:
Address:	Employer Phone (include area code)	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City / State / Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Employer Name:	Contact Date:	Method of Contact:
Address:	Employer Phone (include area code)	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City / State / Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Employer Name:	Contact Date:	Method of Contact:
Address:	Employer Phone (include area code)	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City / State / Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No

"THE WEEK" is the week that began on _____ and ended on _____.

43. During **THE WEEK**, did you get **any** job offers either from the contacts you listed in question 42 or from contacts you made in previous weeks?

☐ Yes ☐ No

If Yes, did you accept any jobs offered to you?

☐ Yes ☐ No

If No, why not?

If Yes, complete the following:

a. Date you accepted the offer:

_____/_____/_____
Month Day Year

b. Date you began or will begin work:

_____/_____/_____
Month Day Year

c. Name of employer:

d. Address: _____

City Street State Zip

Phone number: _____

44. During **THE WEEK**, did you do work of any kind?

☐ Yes ☐ No

If Yes, a. what type of work did you do?

b. Days and times worked:

c. Name of employer: _____

d. Address: _____

City Street State Zip

Phone number: _____

e. Reason no longer employed:

45a. Check all of the following sources of income you had during **THE WEEK**, excluding unemployment compensation, and list the amount you received from each source for **THE WEEK**, even if you were paid at some other time.

☐ None - - - → (If None, go to Question 46b)

☐ Wages \$ _____

☐ Earnings from self-employment or contract labor
\$ _____

☐ Commission Payments \$ _____

☐ Reserve or National Guard Pay \$ _____

☐ Separation or Severance Pay \$ _____

☐ Holiday Pay \$ _____

☐ Wages in Lieu of Notice \$ _____

☐ Vacation Pay \$ _____

☐ Tips or Gratuities \$ _____

☐ Workers Compensation \$ _____

☐ Disability Payments \$ _____
(Do not include Social Security or Veteran's Benefits)

☐ Other (Specify) \$ _____

45b. During **THE WEEK**, were you entitled to any Social Security, pension, or retirement fund payments?

☐ Yes ☐ No

No

If No - - - → (Go to Question 46)

If Yes, give the amount you received:

Social Security \$ _____

Veterans Benefits \$ _____

Railroad Retirement \$ _____

Federal Civil Service Retirement \$ _____

U.S. Military Retirement \$ _____

State/Local Government Retirement \$ _____

Private Employer or Union Pension \$ _____

Other (Specify)

46. Did you receive information about your unemployment benefits, right, and responsibilities when you first filed for benefits?

☐ Yes ☐ No

If Yes, how was this information given to you?
(Check all that apply)

- ☐ In-person (individual) interview
- ☐ Group interview
- ☐ Booklet or Pamphlet
- ☐ Slides, Movie, or Video
- ☐ Other (Specify)

47. Have you had any problems with your unemployment claim?

☐ Yes ☐ No

If Yes, explain:

48. Do you have any questions to ask about your unemployment claim or about your responsibilities and rights as an unemployment insurance claimant?

☐ Yes ☐ No

If Yes, explain:

I have understood the questions on this form and I have answered them truthfully to the best of my knowledge. I know my answers will be used to determine if my unemployment insurance benefits were paid properly. I know the law provides penalties for false statements made to obtain benefits. I also know that my answers will be verified.

Claimant's Signature

Date Signed

Interviewer's Signature

Date Signed

**DENIED CLAIMS ACCURACY
CLAIMANT QUESTIONNAIRE - *MONETARY***

Batch # _____

Please answer the following questions as accurately as possible. If you do not know the answer, leave it blank. The interviewer will discuss it with you later. If you need help, please ask. Please PRINT clearly. Your answers will be used to determine if the decision to deny your unemployment insurance benefits was proper. This information will be verified.

<p>1. Name (First, Middle, Last)</p>	<p>11. Race - Indicate by selecting one or more of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Race Unknown
<p>2. If you are also known by another name, enter it here: (First, Middle, Last)</p>	<p>12. US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, Alien Registration # _____</p>
<p>3. Social Security Number</p>	<p>13. Highest level of education completed (circle one)</p> <p style="text-align: center;">Grade School - 0 1 2 3 4 5 6 7 8 High School - 9 10 11 12 Some College Associate Degree BA/BS Graduate School</p> <p>Major Field of Study: _____</p>
<p>4. Street Address Apt Number</p> <p>City State Zip</p>	<p>14. Have you had Vocational or Technical School training?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Type of Certificate _____</p>
<p>5. Mailing Address (if different)</p>	<p>15. Are you currently enrolled in school or training?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. If you have moved since you first filed for unemployment benefits on _____, enter your address when you first filed:</p>	<p>16. What is your usual occupation?</p>
<p>7. Telephone Number (include area code)</p>	<p>17. What type of work are you looking for?</p> <p>Years / Months experience in this type of work:</p>
<p>8. Date of Birth (MO-DAY-YEAR)</p>	<p>18. What is the lowest rate of pay you will accept for a job?</p> <p>\$_____ per _____ (hour, week, etc.)</p>
<p>9. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>19. Do you need any special licenses or certificates to do the type of work you are looking for?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. Ethnic Group - Indicate by selecting one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Ethnicity Unknown 	

20. Did you receive information about your unemployment benefits, right, and responsibilities when you first filed for benefits?

☐ Yes ☐ No

If Yes, how was this information given to you?
(Check all that apply)

- ☐ In-person (individual) interview
- ☐ Group interview
- ☐ Booklet or Pamphlet
- ☐ Slides, Movie, or Video
- ☐ Other (Specify)

21. During **THE DENIAL PERIOD**, were you entitled to any Social Security, pension, or retirement fund payments?

☐ Yes ☐ No

If Yes, give the amount you received:

Social Security \$ _____

Veterans Benefits \$ _____

Railroad Retirement \$ _____

State/Local Government Retirement \$ _____

Private Employer or Union Pension \$ _____

Other (Specify)

I have understood the questions on this form and I have answered them truthfully to the best of my knowledge. I know my answers will be used to determine if my unemployment insurance benefits were properly denied. I know the law provides penalties for false statements made to obtain benefits. I also know that my answers will be verified.

Claimant's Signature

Date Signed

Interviewer's Signature

Date Signed

Prior Employment - Please provide the following information about your jobs prior to filing your most recent claim for unemployment. Begin with your **most recent employer** and work back to ____/____/____
MO / DAY / YEAR

	Most Recent	2 nd Most Recent	3 rd Most Recent	4 th Most Recent
a. Employer Name Address				
b. Name of Supervisor				
c. Address / Location of Job Site				
d. Phone Number of Employer				
e. Type of Business (Manufacturing, etc.)				
f. Last Day Worked	____/____/____ MO / DAY / YEAR	____/____/____ MO / DAY / YEAR	____/____/____ MO / DAY / YEAR	____/____/____ MO / DAY / YEAR
g. Length of Employment	____ Days ____ Months ____ Years	____ Days ____ Months ____ Years	____ Days ____ Months ____ Years	____ Days ____ Months ____ Years
h. Your Job Title				
i. Your Usual Wages On This Job	____/ HR. ____/ WK. ____/ MO. ____/ YR.	____/ HR. ____/ WK. ____/ MO. ____/ YR.	____/ HR. ____/ WK. ____/ MO. ____/ YR.	____/ HR. ____/ WK. ____/ MO. ____/ YR.
j. Reason for Separation (Check block that indicates why you are no longer working for this employer.)	<input type="checkbox"/> Laid off, RIF <input type="checkbox"/> Discharged <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Laid off, RIF <input type="checkbox"/> Discharged <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Laid off, RIF <input type="checkbox"/> Discharged <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Laid off, RIF <input type="checkbox"/> Discharged <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other (specify) _____

DENIED CLAIMS ACCURACY: SEPARATION ISSUE CLAIMANT QUESTIONNAIRE

Please answer the following questions as accurately as possible. If you do not know the answer, leave it blank. The interviewer will discuss it with you later. If you need help, please ask. Please Print clearly. Your answers will be used to determine if the decision to deny your unemployment insurance benefits was proper. This information will be verified.

1. Name (First, Middle, Last)	13. Have you had Vocational or Technical School training? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Certificate _____
2. Social Security Number	14. Are you currently enrolled in training? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Street Address Apt Number	15. What is your usual occupation?
4. City State Zip	16. What type of work are you looking for? _____ Years / Months experience in this type of work? _____
5. Mailing Address (if different)	17. What is the lowest rate of pay you will accept per hour? \$ _____
6. Telephone Number (include area code)	18. Do you need any special licenses or certificates to do the type of work you are looking for? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Date of Birth (MO-DAY-YEAR)	19. Did you receive information about your unemployment benefits, rights, and responsibilities when you first filed for benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	If Yes, check all that apply: <input type="checkbox"/> In-person interview <input type="checkbox"/> Group interview <input type="checkbox"/> Booklet <input type="checkbox"/> Movie or video
9. Ethnic Group - Indicate by selecting one of the following: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Ethnicity Unknown	
10. Race - Indicate by selecting one or more of the following: <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Race Unknown	
11. US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Registration # _____	
12. Highest level of education completed: (circle one) Grade School - 0 1 2 3 4 5 6 7 8 High School - 9 10 11 12 Some College Associate Degree BA/BS Graduate School Major Field of Study: _____	

NON MONETARY SEPARATION INFORMATION

20. Reason for Separation (Check block that Indicates why
you are no longer working for this employer.)

- ☐ Laid off, RIF
- ☐ Discharged
- ☐ Quit or Retired
- ☐ Labor Dispute
- ☐ Other (specify)

21. Between the last day you worked for _____ and the time
you filed for unemployment benefits on _____, did you work for any other employer?

☐ Yes ☐ No

If Yes, Name of Employer _____

Address _____

City / State / Zip Code _____

Area Code and Phone Number _____

I have understood the questions on this form and I have answered them truthfully to the best of my knowledge. I know my answers will be used to determine if the decision to deny unemployment benefits was proper. I know the law provides penalties for false statements made to obtain benefits. I also know that my answers will be verified.

Claimant's Signature

Date Signed

Interviewer's Signature

Date Signed

DENIED CLAIMS ACCURACY: NONSEPARATION ISSUE CLAIMANT QUESTIONNAIRE

Please answer the following questions as accurately as possible. If you do not know the answer, leave it blank. The interviewer will discuss it with you later. If you need help, please ask. Please PRINT clearly. Your answers will be used to determine if the decision to deny your unemployment insurance benefits was proper. This information will be verified.

1. Name (First, Middle, Last)	13. Have you had Vocational or Technical School training? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Certificate _____
2. Social Security Number	14. Are you currently enrolled in training? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Street Address Apt Number	15. What is your usual occupation?
4. City State Zip	16. What type of work are you looking for? _____ Years / Months experience in this type of work? _____
5. Mailing Address (if different)	17. What is the lowest rate of pay you will accept per hour? \$ _____
6. Telephone Number (include area code)	18. Do you need any special licenses or certificates to do the type of work you are looking for? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Date of Birth (MO-DAY-YEAR)	19. Did you receive information about your unemployment benefits, rights, and responsibilities when you first filed for benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	If Yes, check all that apply: <input type="checkbox"/> In- person interview <input type="checkbox"/> Group interview <input type="checkbox"/> Booklet <input type="checkbox"/> Movie or video
9. Ethnic Group - Indicate by selecting one of the following: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Ethnicity Unknown	
10. Race - Indicate by selecting one or more of the following: <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Race Unknown	
11. US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Registration # _____	
12. Highest level of education completed: (circle one) Grade School - 0 1 2 3 4 5 6 7 8 High School - 9 10 11 12 Some College Associate Degree BA / BS Graduate School Major Field of Study: _____	

NONMONETARY NONSEPARATION INFORMATION, PAGE 2

20. Do you expect to be called back to work by any past employer?
☐ Yes ☐ No

21. Are you entitled to any pension or retirement pay, including Social Security?
☐ Yes ☐ No

If Yes, \$ _____ per _____

Name of Employer: _____

22. Have you registered with Job Service since filing for benefits on _____? ☐ Yes ☐ No

If Yes, Date: _____ Number of Referrals _____

23. Have you registered with a private employment agency since you filed for benefits on _____? ☐ Yes ☐ No

If Yes, Number of Referrals _____

24. Are you a member of a Union? ☐ Yes ☐ No

25. Did you actively seek work during the week of _____? ☐ Yes ☐ No

If Yes, complete the following:

1. Employer Name:	Contact Date:	Method of Contact:
Address:	Employer Phone (include area code)	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City / State / Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Employer Name:	Contact Date:	Method of Contact:
Address:	Employer Phone (include area code)	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City / State / Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Employer Name:	Contact Date:	Method of Contact:
Address:	Employer Phone (include area code)	Application taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Resume submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
City / State / Zip	Type of work applied for:	Was a job offered? <input type="checkbox"/> Yes <input type="checkbox"/> No

I have understood the questions on this form and I have answered them truthfully to the best of my knowledge. I know my answers will be used to determine if the decision to deny unemployment benefits was proper. I know the law provides penalties for false statements made to obtain benefits. I also know that my answers will be verified.

 Claimant's Signature

 Date Signed

 Interviewer's Signature

 Date Signed

Prior Employment - Please provide the following information about your jobs prior to filing your most recent claim for unemployment. Begin with your **most recent employer** and work back to ____/____/____
MO / DAY / YEAR

	Most Recent	2 nd Most Recent	3 rd Most Recent	4 th Most Recent
a. Employer Name Address				
b. Name of Supervisor				
c. Address / Location of Job Site				
d. Phone Number of Employer				
e. Type of Business (Manufacturing, etc.)				
f. Last Day Worked	____/____/____ MO / DAY / YEAR	____/____/____ MO / DAY / YEAR	____/____/____ MO / DAY / YEAR	____/____/____ MO / DAY / YEAR
g. Length of Employment	____ Days ____ Months ____ Years	____ Days ____ Months ____ Years	____ Days ____ Months ____ Years	____ Days ____ Months ____ Years
h. Your Job Title				
i. Your Usual Wages On This Job	____/ HR. ____/ WK. ____/ MO. ____/ YR.	____/ HR. ____/ WK. ____/ MO. ____/ YR.	____/ HR. ____/ WK. ____/ MO. ____/ YR.	____/ HR. ____/ WK. ____/ MO. ____/ YR.
j. Reason for Separation (Check block that indicates why you are no longer working for this employer.)	<input type="checkbox"/> Laid off, RIF <input type="checkbox"/> Discharged <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Laid off, RIF <input type="checkbox"/> Discharged <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Laid off, RIF <input type="checkbox"/> Discharged <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Laid off, RIF <input type="checkbox"/> Discharged <input type="checkbox"/> Quit or Retired <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Other (specify) _____